PTO/SB/17 (07-06)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number									
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application	Number	10/734,472	10/734,472		
FEE TRANSMITTAL				Filing Date		December 12, 2003			
1				First Named Inventor M		Marc F. Char	Marc F. Charette		
For FY 2005				Examiner Na	ame	C. Y. Wang	C. Y. Wang		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1649	<u> </u>		
TOTAL AMOUNT OF PAYMENT (\$) 1,120.00			Attorney Doc	cket No.	JJJ-P02-510	JJJ-P02-510			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Fish & Neave IP Group, Ropes & Gray LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARC	H, AND EXAM	INATION FE	ES						
		G FEES	SEA	ARCH FEES		INATION FEES	3		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	<u>Small Ent</u> <u>Fee (\$)</u>		Small Entity) Fee (\$)	Fees Pa	aid (\$)	
Utility	300	150	500	250	200	100	100011	<u> </u>	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	000	0			
2. EXCESS CLAIM FEES	200	100	U	U	U	U		mall Entite	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues) Multiple dependent claims							200	100	
1				5-1-1 (6)	ı	Mariatoria Daniaria	360	180	
Total Claims Extra					ultiple Dependent Claims ee (\$) Fee Paid (\$)				
HP = highest number of total cl	laims paid for, if or					Fee (\$)	ree Paid (\$)		
		ee (\$)	Fee F	Paid (\$)				-	
- =	x	= _							
HP = highest number of indepe	ndent claims paid	for, if greater that	n 3.					_	
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
	Extra Sheets	• • • • •	of each a	dditional 50 or (round up to a	fraction ther		Fee P	aid (\$)	
4. OTHER FEE(S) Fees Paid (\$								Paid (\$)	
Non-English Specification									
Other (e.g., late filing s				sponse withi tinued exam		n E) (see 37).00).00	
SUBMITTED BY	<u> </u>	1 11							
Signature	2 /6/	1100		Registration No (Attorney/Agent)	55,53	Telephone	(617) 951	-7289 	
Name (Print/Type) Ignacio Perez De La Cruz						Date	Date April 2, 2007		
I haraby partify that this	or (olong with		to ac bar		nologo 4\ := -	ing donority during	h-110 5	0	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box									
1450, Alexandria, VA 22313-1450. Dated: 4-2-07 Signature: Maura A. Mallagher (Maura A. Gallagher)									
Dated: 4-2-0	/	Signature:	raura	u.yml	eagener	(Maura A. Gallag	her)		